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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number

10/538,223-Conf. #9409

Filing Date

June 29, 2005

First Named Inventor

Heinz Schneider

Art Unit

1655

Examiner Name

M. L. McCormick

Attorney Docket Number

09600-00031-US

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form☐ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):Return Receipt Postcard;
Copy of Declaration of Dr. Heinz
Schneider;
Copy of Clavien et al. (Appendix A)
Certificate of Mailing under 37 CFR 1.8

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

CONNOLLY BOVE LODGE & HUTZ LLP

Signature

Printed name

Liza D. Hohenschutz

Date

September 19, 2007

Reg. No.

33,712



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/538,223-Conf. #9409
TOTAL AMOUNT OF PAYMENT		Filing Date	June 29, 2005
(\$)		First Named Inventor	Heinz Schneider
450.00		Examiner Name	M. L. McCormick
		Art Unit	1655
		Attorney Docket No.	09600-00031-US

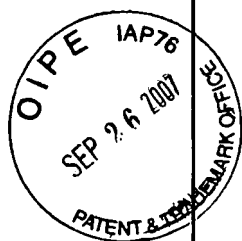
METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>03-2775</u>
Deposit Account Name: <u>Connolly Bove Lodge & Hutz LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
<u>14</u> - 20 =		<u>x</u>	=		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
<u>3</u> - 3 =		<u>x</u>	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
<u> </u> - 100 =	<u> </u>	<u>/50 =</u>		<u> </u> (round up to a whole number) x	<u> </u>	=	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1252 Extension for response within second month</u>						<u>450.00</u>	

SUBMITTED BY			
Signature	<u>Liza D. Hohenschutz</u>	Registration No. (Attorney/Agent)	33,712
Name (Print/Type)	Liza D. Hohenschutz	Telephone	(302) 658-9141
		Date	September 19, 2007

Application No. (if known): 10/538,223

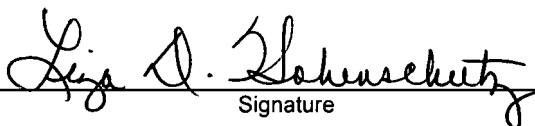
Attorney Docket No.: 09600-00031-US

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Liza D. Hohenschutz

Typed or printed name of person signing Certificate

33,712
Registration Number, if applicable

(302) 658-9141
Telephone Number

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Transmittal (1 page)
Fee Transmittal Form (1 page)
Amendment/Reply (12 pages)
Extension of Time Request (two months) (1 page)
Copy of Declaration of Dr. Heinz Schneider (12 pages)
Copy of Clavien et al. (Appendix A) (9 pages)
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